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PTO/SB/05 (03-01) Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

KIM-Attorney Docket No. C. ELI KIM First Inventor EXERCISE DEVICE AND METHOD

(Only for new nonprovisional applications under 37 CFR 1 53(b))

(Only for new nonprovisional applications under 37 CFR 1 53(b))	Express Mail Label No.						
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents						
See MPEP chapter 600 concerning utility patent application contents	Dox raterit ripplication						
See MPEP chapter 600 concerning utility patent application contents 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status See 37 CFR 1.27. 3. Specification [Total Pages 2]] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C 113) [Total Sheets 5] 5. Oath or Declaration [Total Pages 1] a. Newly executed (original or copy) Copy from a prior application (37 CFR 1 63 (d)) (for continuationIdivisional with Box 18 completed) I DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1 63(d)(2) and 1 33(b)							
6. Application Data Sheet See 37 CFR 1 76	17 Other						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 Continuation Divisional Continuation-in-part (CIP) Of prior application No Prior application information Examiner Group Art Unit For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label or Correspondence address below							
N	2006.4 T001.4 Fr - 98						
Address P.o. Box 434 City Yardley	Atts, P.C. State PA Zip Code 19667-8434 phone 215-321-6772 Fax 215- 321-4595						
Name (Print/Type) Eric A. La Morte	Registration No. (Attorney/Agent) 3 4 653						
Signature	Poto ///2/s/AA						

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

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espond to a collection of info	rmation unless it displays a valid OMB control number					
Complete if Known						
Application Number						
Filing Date						
First Named Inventor	C. ELI KIM					
Examiner Name						
Group Art Unit						
Attorney Docket No.	KIM-1					

	METHOD OF PAYMENT FEE CALCULATION (continued)				
	1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to	3. ADDITIONAL FEES			
	Deposit	Large Small			
	Account Number	Fee Fee Fee Fee Fee Paid			
	Deposit	Code (\$) Code (\$)			
	Account Name	105 130 205 65 Surcharge - late filing fee or oath			
	Charge Any Additional Fee Required Under 37 CFR 1.16 and 117	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
	Applicant claims small entity status	139 130 139 130 Non-English specification			
	See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination			
l di	2. Payment Enclosed: Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
LI IL	FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
	1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
	Large Entity Small Entity	116 400 216 200 Extension for reply within second month			
·.]	Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month			
Ū	101 740 201 370 Utility filing fee 370.00	118 1,440 218 720 Extension for reply within fourth month			
n	106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within fifth month			
- 1	107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal			
	108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal			
	114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing			
	SURTOTAL (1) (\$\ 270.00	138 1,510 138 1,510 Petition to institute a public use proceeding			
4	30BTOTAL (1) ((\$) 3 70.	140 110 240 55 Petition to revive - unavoidable			
	2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional			
	Fee from Ext <u>ra Claims below Fee Paid</u>	142 1,280 242 640 Utility issue fee (or reissue)			
IJ	Total Claims /8 -20** = 0 X - = 0.00	143 460 243 230 Design issue fee			
1	Claims $3 - 3 = 0.00$	144 620 244 310 Plant issue fee			
	Multiple Dependent — = 0.08	122 130 122 130 Petitions to the Commissioner			
ı	Laura Futto a u Fut	123 50 123 50 Processing fee under 37 CFR 1 17(q)			
	Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
	Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
	102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection			
- 1	104 280 204 140 Multiple dependent claim, if not paid	(37 CFR § 1 129(a))			
	109 84 209 42 ** Reissue Independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1 129(b))			
	110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)			
	and over original patent	169 900 169 900 Request for expedited examination of a design application			
ļ	SUBTOTAL (2) (\$) 0.00	Other fee (specify)			
L	**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00			

SUBMITTED BY Complete (if applicable)				
Name (Print/Type)	Eric A. LaMork	Registration No (Attorney/Agent) 34, 653	Telephone	215.321-6772
Signature	Callot		Date	11/26/01

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